

PART B - FEE(S) TRANSMITTAL

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00151 7590 03/22/2006

HOFFMANN-LA ROCHE INC.
 PATENT LAW DEPARTMENT
 340 KINGSLAND STREET
 NUTLEY, NJ 07110

06/20/2006 RHEBRAH1 00000058 082525 10743613

01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA
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KIMBERLY J. PRIOR (Depositor's name)
 (Signature)
 JUNE 15, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/743,613	12/22/2003	Pauli Spurr	21436	7569

TITLE OF INVENTION: CYCLIZATION PROCESS FOR SUBSTITUTED BENZOTHAIAZOLE DERIVATIVES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/22/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SAEED, KAMAL A	1626	548-163000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. GEORGE W. JOHNSTON
 2. PATRICIA S. ROCHA-TRAMALONI
 3. KIMBERLY J. PRIOR

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

HOFFMANN-LA ROCHE INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NUTLEY, NEW JERSEY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies TEN (10)

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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-2525 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Kimberly J. Prior

Date JUNE 15, 2006

Typed or printed name

KIMBERLY J. PRIOR

Registration No. 41,483

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